

Health Reform Focus Groups
Interim Summary
February 27, 2012

This report is an interim summary of conversations held by the Citizens League regarding health care reform, the first step in preparation for upcoming citizen workshops. The objective of the focus groups was to get a 360-degree perspective on health care, to help us prepare content for the citizen engagement workshops that enables discussions and produces findings that are as relevant as possible to policy makers, health care professionals and citizens alike.

Throughout the focus groups, people spoke frankly and sometimes quite emotionally. They responded to questions such as:

1. What one word would you use to describe our health care system, and why?
2. Do you think more health care necessarily means better health care, or even better health? Why or why not?
3. How much “control” do you feel you have over your own health? Why or why not?
4. What things, outside of the health care system, do you think would best contribute to a healthier you? What keeps you from these things—what would help you become healthier?
5. What does health reform mean to you?

Please note that these preliminary findings are based on a total of twenty-six participants; the focus groups are still in process. We’d like to thank the following organizations for helping us arrange the focus group discussions: Bemidji Chamber of Commerce; Minnesota Board on Aging; Minnesota Chamber of Commerce, The Minnesota Consortium for Citizens with Disabilities; the Minnesota Council of Health Plans, and the Twin Cities Medical Society.

Bemidji employers—3 participants
Disabled community –7 participants
Seniors—7 participants
Health plans—5 participants
Physicians—4 participants

It should also be noted that those who participated in the focus groups ranged from relatively knowledgeable to expert about health care and/or the health care system. Nevertheless, they represented distinct viewpoints, and interestingly, participants seemed to zero in on the same set of issues regardless of their vantage point.

Finding one: Virtually everyone characterized the health care system first and foremost as complex, fragmented and confusing.

All participants were asked to select a word or two to describe the health care system. “Expensive” was mentioned a few times, but the vast majority of words described a system that has become crushing in its bureaucracy and complexity.

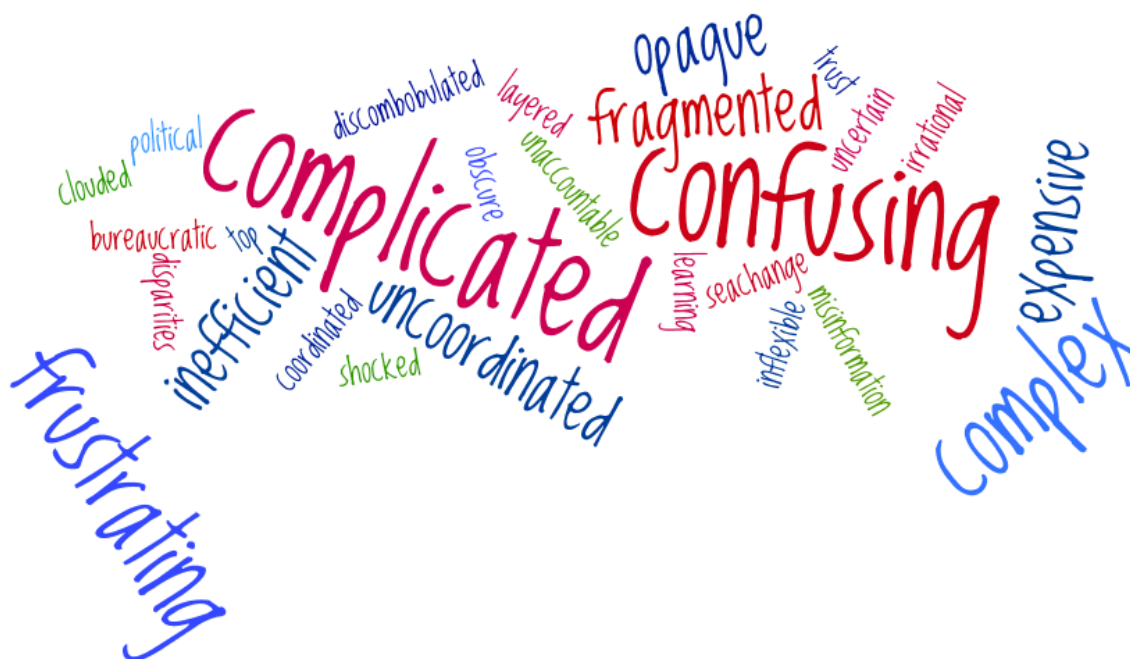
“We now need coordinators to coordinate the coordinators.”—health care coordinator

"I spend my days trying to explain how the system works to frustrated people. The pieces don't fit together."—health care administrator

"I spend much of my days helping employees navigate the system."—employer

"No one would purposely design the system we have."—health plan representative

The word cloud below provides a pictorial representation of how participants responded. The larger the word, the more often it was mentioned.



Finding two: The complexity and lack of transparency of the health system keep people from engaging with it in more “personally responsible” ways.

Both the 2004 Durenberger “Report of the Minnesota Citizens Forum on Health Care Costs” report and the Pawlenty administration’s 2008 Health Care Transformation Task Force recognized the important role of patient-centered care and individual responsibility in a well-functioning health care system. But as medical technology has sped ahead at an astonishing rate and the system itself has grown so complex, people’s understanding of the system and medical services has not kept pace (even though it is improving according to some).

For example, the “explanation of benefits” form can be incomprehensible. People need help understanding it, and then they need help getting answers if benefits are denied. Participants described the difficulties encountered in getting questions answered, but don’t get their questions answered. The complexity of the rules makes it difficult if not impossible to understand what is covered and when. This is further complicated because the interpretation of the term “medically necessary,” a criterion for coverage, can vary.

Some described situations in which they felt obligated to use medical services in an unnecessary or inefficient way. For example, one person had hoped to have an antibiotic prescription refilled for her son’s ear infection, and

was required instead to make an office visit. One participant mentioned needing a five minute pre-appointment prior to an appointment for a physical due to having a new doctor. People in the disabled community described numerous circumstances of delays in treatment for relatively minor concerns, which quickly grew into costly major health problems.

Participants agreed that there is a need to become better consumers of health services with improved health literacy. But they struggled to answer the question, “If experts have a hard time keeping abreast of changes in medical care and health insurance, how much is it reasonable to expect from the general public?”

“I want to be a knowledgeable consumer and it’s hard to be that.”--senior

Finding three: Localized efforts are springing up to achieve better health results.

Minnesotans may not feel they can “take on the system” but they are doing what they can. Employers are hiring onsite nurses, and creating pantries of healthy food for employees. Providers are finding ways to better coordinate care. The disabled community created a pilot program for more holistic care.

However, funding is always a struggle. Local worksites find room within their workplace budgets for wellness programs. Funding for the pilot program for the disabled was discontinued.

Finding four: People want better information about costs.

Participants across the spectrum are dumfounded by the rising cost of health care and expressed frustration with the lack of transparency about costs. There is understanding that more care doesn’t necessarily equal better care.

“What is it about the U.S. that health care is so expensive?”—employer

“Crack it open. We need to know costs.”—senior citizen

“I’d love to know what things cost. I have no idea.”—physician

Finding five: There is fear, sadness and some anger about the health care system and the impact of health care reform.

“We see what suffering people are going through.”—employer

“There is a great deal of fear and sadness in our community.”—disabled community

“My illness shouldn’t be your profit margin.”—senior citizen